

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/554

SERIAL NO.

054

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			2					52					
3			3					53					
4			4					54					
5			5					55					
6			6					56					
7			7					57					
8			8					58					
9			9					59					
10			10					60					
11			11					61					
12			12					62					
13			13					63					
14			14					64					
15			15					65					
16			16					66					
17								67					
18								68					
19								69					
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37								87					
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39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	↓				TOTAL IND.			↓		
TOTAL DEP.			←	←	←	←		TOTAL DEP.			←	←	←
TOTAL CLAIMS			23					TOTAL CLAIMS					